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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV296583677US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 9, 2004 Signature: *[Signature]*

(Margo Barbarash)

Docket No.: 08556-00017USPX
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Henrik Leimand

Application No.: 09/446991

Art Unit: 2854

Filed: July 2, 1998

Examiner: R. L. Yan

For: METHOD OF OPERATION OF A PRINTING
UNIT AND PRINTING UNIT FOR OFFSET
MACHINE

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 10, 2004, for which a three month extension is enclosed herewith, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

**AMENDMENT TRANSMITTAL LETTER**Docket No.
08556-00017USPXApplication No.
09/446991-Conf. #3241Filing Date
July 2, 1998Examiner
R. L. YanArt Unit
2854

Applicant(s): Henrik Leimand

Invention: METHOD OF OPERATION OF A PRINTING UNIT AND PRINTING UNIT FOR OFFSET MACHINE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =	0	x	
Independent Claims		- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					950.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					950.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 10-0447 in the amount of \$ 950.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Ashley N. Moore
Attorney Reg. No.: 51,667Dated: September 9, 2004JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION
1445 Ross Avenue, Suite 3200
Dallas, Texas 75202
(214) 965-7393

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Dated: September 9, 2004

Signature:  (Margo Barbarash)